

The HMIS Project

Upcoming Activities For the period January-February

- Submission of System Documentation
- Regional Health Management Team meetings
- Purchasing servers for Pilot

Welcome Note...

Welcome to the first issue of the HMIS Project Review Newsletter for 2014. In this edition, we look at the in-house system testing that took place during the last two weeks of January.

In-house Client Management Information System (CMIS) Demonstrations

ith our April deadline fast approaching, the team has focused its attention to the much anticipated pilot in four public health facilities. The pilot will focus on four types of facilities: a Public Health Unit, a Public Health Center, a Hospital, and a Clinic with / without a maternity ward.

In January, we hostinitial two week ed our testing cycle, demonstrating computerised clinical workflows and patient care in-

house. About 16 representatives came to the IHM office, where they tested a demonstration of the system. Organizations represented included: **AIDS** Healthcare Foundation Pigg's Peak Hospital, MOH, SRH, School Health, Swaziland National AIDS Program, Hlathikhulu Hospital, and National Tuberculosis Control Program.

The Ministry Health intends to capture, manage, and report information on programs such as



Sherman Stithole showing Malunaisa how the system works. (29/01/14)

Anti Retroviral Therapy, Prevent of Mother to Child Treatment, HIV Testing and Counseling, and Tuberculosis health programs. It was an opportunity for the prospective user to connect with the system— showing how integrated health data can drive improvement in health care processes.

If You Have questions or would like to know more about the project, you can reach us at the following address:

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What does the CMIS really look like?

he first point of contact with the CMIS is the registration section, where users start by searching for a patient. If no patient record exists, then the patient is registered with a lifelong health number issued by the system. Vital signs such as pulse, blood pressure, and temperature are taken and recorded in this part of the system. In the current paper-based sys-

tem, healthcare workers complete registers and files manually. In the CMIS, clinicians will be able to access a patient record on any computer



connected to the system. Procedures like referrals, lab requests and tests, and diagnoses are now recorded and shared with relevant departments via the computer. The patient no longer has to carry the forms to every service point. It will also be possible to do many types of analysis because data is readily available in the sys-





